

AUG - 5 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.(No. 2739 Shenandoah Ave. 1003)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME John J. Schrewe(a) Residence, No. 2739 Shenandoah Ave. 23 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Kate Schrewe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

About 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

About 73UnknownUnknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

13. NAME

Adam Schrewe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Rose Mest

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Roy Mest  
2739 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS. Peter & Paul DATE Aug. 2/37, 19

19. UNDERTAKER (ADDRESS)

Dr. C. Windell  
1926 Allen Ave.

20. FILE

JUL 31 1937J. T. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 30 . 1937

22. I HEREBY CERTIFY, that I attended deceased from

Feb. 1935, to July 30 1937I last saw him alive on July 30, 1937. Death is said to have occurred on the date stated above, at 1 1/2 m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis

Date of onset

Other contributory causes of importance:

Chronic MyocarditisName of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury 124. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Ralph Thompson . M. D.(Address) 3626 Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10-1-344 79

